



ACT
Government
Health

Ref FOI18-9



Dear [REDACTED]

I refer to your application received by ACT Health on 6 March 2018 in which you sought access to information under the Freedom of Information Act 2016 (the Act).

You confirmed via email on 15 March 2018 that you wished to refine the scope of the request to all briefing notes prepared for the Minister and/or her office regarding waiting times and/or delays and/or queues for psychiatrists and/or endocrinologists and/or GPs and/or oncologists and/or urologists and/or ENTs and/or otolaryngology and/or gastroenterologists and/or dermatologists and/or anaesthetists and/or paediatricians and/or immunologists and/or neurologists and/or gynaecologists in the public health system and/or individual public hospitals in the ACT prepared between 1 January 2017 - current.

I am an Information Officer appointed by the Director-General under section 18 of the Act to deal with access applications made under Part 5 of the Act.

ACT Health was required to provide a decision on your access application by 16 April 2018.

Decision on access

I have decided to grant full access to all 16 documents identified as being included within the scope of your request. I have provided copies of the documents without redaction.

Charges

Processing charges are not applicable for this request as the Information Officer has determined the release of this information is in the public interest.

Online publishing – disclosure log

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. Your original access application and my decision will be published in the disclosure log not less than three days but not more than 10 days after date of decision. Your personal contact details will not be published.

You may view the ACT Health disclosure log at <http://www.health.act.gov.au/public-information/consumers/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the Act. You have the right to seek an Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601

Via email: ombudsman@ombudsman.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision.

Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on 6205 1340 or email HealthFOI@act.gov.au.

Yours sincerely



Denise Lamb
Executive Director
Cancer, Ambulatory and Community Health Support

13 April 2018

FREEDOM OF INFORMATION REQUEST SCHEDULE

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
[REDACTED]	All briefing notes prepared for the Minister and/or her office regarding waiting times and/or delays and/or queues or psychiatrists and/or endocrinologists and/or GPs and/or oncologists and/or urologists and/or ENTs and/or otolaryngology and/or gastroenterologists and/or dermatologists and/or anaesthetists and/or paediatricians and/or immunologists and/or neurologists and/or gynaecologists in the public health system and/or individual public hospitals in the ACT prepared between 1 January 2017 - current.	FOI18/9

Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1	1-4	Ministerial Brief – Gastroenterology Wait Times	28/08/2017	Full Release		Yes
2	5-6	Ministerial Brief – Gastroenterology Wait Times	03/08/2017	Full Release		Yes

3	7-9	Ministerial Brief – Gastroenterology and Hepatology Waiting List	18/12/2017	Full Release		Yes
4	10-11	Assembly Brief – Gastroenterology Waiting List Management	January 2017	Full Release		Yes
5	12-13	Assembly Brief - Gastroenterology Waiting List Management	March 2017	Full Release		Yes
6	14-15	Assembly Brief - Gastroenterology Waiting List Management	April 2017	Full Release		Yes
7	16-17	Assembly Brief - Gastroenterology Waiting List Management	May 2017	Full Release		Yes
8	18-19	Assembly Brief - Gastroenterology Waiting List Management	July 2017	Full Release		Yes
9	20-21	Assembly Brief - Gastroenterology Waiting List Management	August 2017	Full Release		Yes
10	22-23	Assembly Brief - Gastroenterology	October 2017	Full Release		Yes

		Waiting List Management				
11	24-26	Question Time Brief – Workforce Shortages	6 February 2018	Full Release		Yes
12	27-30	Question Time Brief – Shortages of Psychiatrists – Mental health, Justice Health and Alcohol and Drug Services	15 February 2018	Full Release		Yes
13	31-32	Question Time Brief – Workforce Shortages	2 March 2018	Full Release		Yes
14	33-34	Question Time Brief – Gastroenterology Waiting List Management	19 January 2018	Full Release		Yes
15	35-37	Question Time Brief – Gastroenterology Waiting List Management	6 March 2018	Full Release		Yes
Total No of Docs						
15						



MINISTERIAL BRIEF

UNCLASSIFIED

To: Minister for Health and Wellbeing Tracking No.: MIN17/937
28 AUG 2017

From: Shaun Strachan, Acting Director-General

Subject: Gastroenterology Wait Times

Critical Date: 31 August 2017

Critical Reason: Advice requested at the Health Executive Meeting held on 17 July 2017

- DG .../.../...
- DDG .../.../...

Purpose

To provide you with information in relation to the Gastroenterology and Hepatology procedure waiting list.

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

Meegan Fitzharris MLA *M Fitzharris* 31/8/17

Minister's Office Feedback
Please provide advice on outcomes of TWSS and whether Health are considering adding a budget initiative

Background

1. You have requested additional information about colonoscopy wait times, the impact of delays to the National Bowel Cancer Screening Program (NBCSP) and what we know about other states by way of comparison.
2. We are not aware of any delays to the NBSCP, but we are able to advise you on the anticipated impact of increased screening through the NBSCP, to colonoscopy wait times.
3. Patients are referred to the Gastroenterology and Hepatology Unit (GEHU) by their General Practitioner, specialist, or through the National Bowel Cancer Screening Program.

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4. The NBCSP began in 2006. The NBCSP is a population based screening program that aims to detect bowel cancer early and reduce the number of Australians who die each year from the disease. Up to 90% of bowel cancers detected early can be successfully treated.
5. Screening involves testing people who do not have any obvious symptoms. The aim is to find bowel cancer early when it is easier to treat and cure.
6. The NBCSP is expanding and by 2020 all Australians aged between 50 and 74 years will be offered free screening every two years.

IssuesGastroenterology wait times and impact of the NBCSP

7. Approximately 75 per cent of patients seen in the GEHU outpatient clinic will require an endoscopic procedure. In the 2015-16 financial year there were 6,306 referrals to the GEHU outpatient clinic, and in the same period, there were 5,484 additions to the endoscopy wait list.
8. An endoscopic procedure means colonoscopy or gastroscopy. Patients may require either one or both procedures.
9. Due to system limitations, manual processes of reviewing each referral would be required to ascertain the numbers of colonoscopies compared to gastroscopies, on the endoscopy waiting list.
10. The Canberra Hospital has seen a significant increase in NBCSP referrals in the unit, with 160 referrals received in 2014, 196 in 2015, and 260 referrals in 2016. Referrals are expected to continue to increase with the addition of two more age cohorts to the NBCSP in 2017.
11. At present, referrals from the NBCSP contribute only a small portion of the overall demand on the service. *interesting*

will this change so health have this capacity?

Comparison between ACT and other states

12. In May 2017, the Australian Institute of Health and Welfare (AIHW) released a NBCSP Monitoring Report which showed that ACT had the third highest bowel cancer screening participation rate in Australia at 41.8%, behind Tasmania (44.3%) and South Australia (45.8%) and higher than the national average (38.9%).
13. In addition, the ACT had the lowest positive screening rate at 7.8%, with a national average of 8.3%.
14. It was also reported that the ACT had the second highest median time between positive screen and diagnostic assessment of people aged 50-74 in Australia at 64 days, behind South Australia at 65 days, and higher than the national average (53 days).

Gastroenterology waitlist management

15. There are patients waiting longer than clinically appropriate on the gastroenterology wait list.

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16. Strategies undertaken to improve waiting times include:
- a. An external tender process is underway for outsourcing endoscopy procedures to the private sector.
 - b. Working with the Southern New South Wales Local Health District to have some procedures undertaken at Queanbeyan District Hospital. Since September 2016, over 350 patients have been removed from the gastroenterology wait list by having their procedure done at Queanbeyan District Hospital.
 - c. Continuing administrative audits of the procedure waitlist, which involves ringing each patient on the waiting list to confirm if their procedure is still required, or they have received treatment elsewhere, or for any other reason no longer require the procedure.
 - d. Employing a wait list coordinator (a Registered Nurse) to assist in managing the wait list, including the appropriate booking and scheduling of patients.
17. In addition, a review of the gastroenterology wait list has been undertaken by ACT Health Territory Wide Surgical Services (TWSS), to evaluate demand across the territory, including expected growth in future demand, to determine the volume of work required for clearing long wait patients, as well as to sustain the service over the longer term.
18. Recommendations from the TWSS review are currently being worked through for implementation, including strategies to improve the capacity of the current service by making improvements to the way patient lists are booked, staff are rostered, and procedure rooms are utilised.

Financial Implications

19. Not applicable.

ConsultationInternal

20. Not applicable

Cross Directorate

21. Not applicable.

External

22. Not applicable.

Benefits/Sensitivities

23. Not applicable.

Media Implications

24. There is no media interest expected at this time.

Signatory Name: Marina Buchanan-Grey

Phone: 43826

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Action Officer: Samantha Lang

Phone: 47941

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Ministerial Dot Points

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To: Minister for Health and Wellbeing Tracking No.: MIN17/937

From: Chris Bone, Deputy Director-General CHHS

Subject: Gastroenterology Wait Times

Critical Date: [Click here to enter text.](#)

Critical Reason:

- DG .../.../...
- DDG .../.../...

Purpose

To provide you with the advice that you have requested on the outcomes of the review undertaken by Division of Medicine with input from Territory Wide Surgical Services (TWSS) and whether Health are considering a budget initiative.

Recommendations

That you note the information contained in this brief.

Noted / Please Discuss

Meegan Fitzharris MLA/...../.....

Minister's Office Feedback

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Background

1. You have requested additional information on outcomes of the review of the gastroenterology wait list which was undertaken by the Division of Medicine (DoM), with input from TWSS.

Issues

2. As a result of the review, DoM will be utilising the services of an external provider to reduce the gastroenterology waiting list for category 2 and 3 patients. Funding has been allocated to the DoM from within ACT Health. There is no submission for further funding.
3. Other strategies from the TWSS recommendations include:
 - Increased allocation of procedures to morning and afternoon lists to maximize efficiencies of procedure time available.
 - Increased allocation of theatre time to assist with access for patients who require their procedures to be done under a general anaesthetic in the theatre environment.

Financial Implications

4. Not applicable

ConsultationInternal

5. Not applicable

Cross Directorate

6. Not applicable

External

7. Not applicable

Benefits/Sensitivities

8. Not applicable

Media Implications

9. Not applicable

Signatory Name: Marina Buchanan-Grey

Phone: 43603

Action Officer: Marina Buchanan-Grey

Phone: 43603

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MINISTERIAL BRIEF

Health Directorate

UNCLASSIFIED

To: Minister for Health and Wellbeing Tracking No.: MIN17/1752
18/12/17

From: Nicole Feely, Director-General ACT Health

Subject: Gastroenterology and Hepatology Waiting List

Critical Date: Not applicable

Critical Reason: Not applicable

- DG .../.../...
- DDG .../.../...
- CFO .../.../...

Purpose

To provide you with advice about the Gastroenterology and Hepatology Unit (GEHU) waiting list at Canberra Hospital and Health Services (CHHS) and what actions are in place to reduce the waiting list.

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

Meegan Fitzharris MLA

23/11/2018

Minister's Office Feedback

- See question at para 7 please

- Please discuss

Background

1. You have requested an update on the GEHU procedure waiting list and what actions are currently in place to reduce the waiting list.
2. CHHS has seen a significant increase in National Bowel Cancer Screening Program (NBCSP) referrals to the GEHU wait list, with 160 referrals received in 2014, 196 in 2015, and 260 referrals in 2016. Referrals are expected to continue to increase with the addition of two more age cohorts to the NBCSP in 2017.
3. Approximately 75 per cent of patients seen in the GEHU outpatient clinic will require an endoscopic procedure.

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4. Territory Wide Surgical Services (TWSS) recently assisted in a review of the current management of the GEHU waiting lists. A number of recommendations were made out of this review, which include short term and long term strategies, as follows.

Recommendations

1. Recruit a Registered Nurse (RN) 3.1 to manage the lists in a similar fashion to the Elective Surgery Liaison Nurses;
2. Improve efficiency of the procedure list booking process;
3. Develop a plan to address management of inpatient bed flow;
4. Develop and agree to a defined procedure start time;
5. Review the current process of gaining consent on the day of the procedure and investigate options for gaining patient consent ahead of the procedure;
6. Request a level of consistency of anaesthetic staff (subject to anaesthetist recruitment);
7. Formalise outsourcing of non-complex cases to enable a short term approach to address current waiting list then move to a more strategic approach;
8. Renew the gastro waiting list policy to include mechanisms to ensure adequate information in Request for Admission (RFA) forms and clear Did Not Attend (DNA) processes;
9. Explore an electronic management system that includes bookings and the ability to track the patient throughout their journey, enabling accurate data collection;
10. Identify key performance indicators to measure success.

Issues

5. Recommendations from the TWSS review are currently being actioned as follows.

Actions to address recommendations

1. A wait list coordinator (RN) has been recruited to assist in managing the wait list, and monitor appropriate booking and scheduling of patients;
2. Strategies have been put in place to improve the capacity for scheduling the procedure lists;
3. Scheduling of procedure lists has been reviewed to ensure that inpatients are first on the list, to assist with patient flow through the hospital.
4. Work is ongoing to review the requirements for implementing a new scheduled start time.
5. This recommendation is noted for future consideration, as it has no impact on the waiting time.
6. This recommendation is being implemented, now that anaesthetists are fully recruited.
7. An external tender process is underway for outsourcing endoscopy procedures to the private sector.

*This was underway in Aug 17 (MIN17/937)
so please advise completion date ASAP*

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8. A new GEHU waiting list policy is being drafted, which will include defined RFA and DNA processes.
 9. GEHU have implemented a new software system, Provation MD. This system will decrease administrative workload and support the work being done in the GEHU, to improve access to endoscopy and increase activity, improve quality and safety, and deliver a more consistent service.
 10. Work has commenced to identify key performance indicators to measure success.
6. ACT Health continue to work with Southern New South Wales Local Health District to have some endoscopic procedures delivered at Queanbeyan District Hospital.
 7. GEHU continue to undertake administrative audits of the waitlist, which involves ringing each patient on the waiting list to confirm that their procedure is still required, or if they have received treatment elsewhere or no longer require their procedure for any other reason. Since September 2017, 84 patients have been removed from the GEHU waitlist as a result of this audit.

Financial Implications

8. The RN that has been recruited (point 5.1), is paid for within the existing budget.

ConsultationInternal

9. Not applicable.

Cross Directorate

10. Not applicable.

External

11. Not applicable.

Benefits/Sensitivities

12. Improvements to the GEHU waiting list are an important concern and focus of the Division of Medicine, CHHS and ACT Health, particularly in the context of recent and expected future growth in demand.

Media Implications

13. Not applicable.

Signatory Name: Margaret McLeod

Phone: 42728

Action Officer: Samantha Lang

Phone: 47941

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ACT HEALTH

ASSEMBLY BRIEF

Minister: Health / Mental Health
 Cleared as correct and accurate as at: 19/01/2017
 By DDG/ Executive Director: Rosemary O'Donnell
 Telephone: 6244 3603
 Action Officer: Samantha Lang
 Telephone: 6174 7941

ISSUE: Gastroenterology Waiting List Management

Key Talking Points

1. Throughout 2015, significant project work was undertaken to reduce the outpatient waitlist in the Gastroenterology and Hepatology Unit (i.e. those patients requiring a consultation with a gastroenterologist) and to manage the demand and flow of patients within the Gastroenterology and Hepatology Unit (GEHU) who require outpatient clinic visits. This project aimed to improve flow, to create efficiencies and to improve utilisation of available resources.
2. Throughput and non-admitted occasions of service (OOS) have increased by 59 per cent from 2014-15 to 2015-16 (9,322 OOS to 14,777 OOS).
3. The majority of patients seen in an outpatient clinic will require an endoscopic procedure. In the 2015-16 financial year there were 6,306 referrals received in the GEHU, and in the same period, there were 5,484 additions to the endoscopy waitlist for procedure.
4. Patients are referred for an endoscopy, after seeing a specialist gastroenterologist. By increasing the number of patients seeing a gastroenterologist, the number of patients referred for endoscopy increased.
5. The GEHU does have a wait for procedures due to increased demand. ACT Health acknowledges that this is not ideal, and as such has undertaken substantial work to improve the medical wait list for this type of procedure.
6. Work has commenced to develop processes to better manage the demand and flow of patients within the GEHU, including:
 - a. Undertaking administrative audits and clinical reviews of the procedure waitlist;
 - b. increasing activity through weekend endoscopy lists;
 - c. employing locum gastroenterologists to undertake additional procedure lists ;
 - d. improving operational procedures; and
 - e. working with the Southern New South Wales Local Health District to have some procedures undertaken at Queanbeyan District Hospital, in order to reduce the waiting time.
7. From May to December 2016 this work has seen a decrease in the number of long wait Category 1 patients by approximately 64 per cent.

Background

Patients are referred to the GEHU by their General Practitioner, Specialist or through the National Bowel Cancer Screening Program. The endoscopy waitlist is separate to the outpatient waitlist, which consists of any patient waiting for a clinic (non-procedural) appointment with a specialist and/or registered nurse.

The GEHU medical wait list consists of patients who have been allocated a triage category of 1-3 and booked for an endoscopy procedure, either colonoscopy or gastroscopy. Triage categories are defined as:

- Category 1 – 30 Days
- Category 2 – 90 Days
- Category 3 – 365 Days

A patient waiting out of clinical/triage timeframe is considered a 'long wait' patient.

ACT HEALTH

ASSEMBLY BRIEF

Minister:	Health / Mental Health
Cleared as correct and accurate as at:	16/3/2017
By DDG/ Executive Director:	Rosemary O'Donnell
Telephone:	6244 3603
Action Officer	Samantha Lang
Telephone:	6174 7941

ISSUE: Gastroenterology Waiting List Management

Key Talking Points

1. Throughout 2015, significant project work was undertaken to reduce the outpatient waitlist in the Gastroenterology and Hepatology Unit (i.e. those patients requiring a consultation with a gastroenterologist) and to manage the demand and flow of patients within the Gastroenterology and Hepatology Unit (GEHU) who require outpatient clinic visits. This project aimed to improve flow, to create efficiencies and to improve utilisation of available resources.
2. Throughput and non-admitted occasions of service (OOS) have increased by 59 per cent from 2014-15 to 2015-16 (9,322 OOS to 14,777 OOS).
3. The majority of patients seen in an outpatient clinic will require an endoscopic procedure. In the 2015-16 financial year there were 6,306 referrals received in the GEHU, and in the same period, there were 5,484 additions to the endoscopy waitlist for procedure.
4. Patients are referred for an endoscopy, after seeing a specialist gastroenterologist. By increasing the number of patients seeing a gastroenterologist, the number of patients referred for endoscopy increased.
5. The GEHU does have a wait for procedures due to increased demand. ACT Health acknowledges that this is not ideal, and as such has undertaken substantial work to improve the medical wait list for this type of procedure.
6. Work has commenced to develop processes to better manage the demand and flow of patients within the GEHU, including:
 - a. Undertaking administrative audits and clinical reviews of the procedure waitlist;
 - b. increasing activity through weekend endoscopy lists;
 - c. employing locum gastroenterologists to undertake additional procedure lists ;
 - d. improving operational procedures; and
 - e. working with the Southern New South Wales Local Health District to have some procedures undertaken at Queanbeyan District Hospital, in order to reduce the waiting time.
7. From May to December 2016 this work has seen a decrease in the number of long wait Category 1 patients by approximately 64 per cent.

Background

Patients are referred to the GEHU by their General Practitioner, Specialist or through the National Bowel Cancer Screening Program. The endoscopy waitlist is separate to the outpatient waitlist, which consists of any patient waiting for a clinic (non-procedural) appointment with a specialist and/or registered nurse.

The GEHU medical wait list consists of patients who have been allocated a triage category of 1-3 and booked for an endoscopy procedure, either colonoscopy or gastroscopy. Triage categories are defined as:

- Category 1 – 30 Days
- Category 2 – 90 Days
- Category 3 – 365 Days

A patient waiting out of clinical/triage timeframe is considered a 'long wait' patient.

ACT HEALTH

ASSEMBLY BRIEF

Minister: Health / Mental Health
 Cleared as correct and accurate as at: 18/4/2017
 By DDG/ Executive Director: Marina Buchanan-Grey
 Telephone: 6244 3603
 Action Officer: Samantha Lang
 Telephone: 6174 7941

ISSUE: Gastroenterology Waiting List Management

Key Talking Points

1. Throughout 2015, significant project work was undertaken to reduce the outpatient waitlist in the Gastroenterology and Hepatology Unit (i.e. those patients requiring a consultation with a gastroenterologist) and to manage the demand and flow of patients within the Gastroenterology and Hepatology Unit (GEHU) who require outpatient clinic visits. This project aimed to improve flow, to create efficiencies and to improve utilisation of available resources.
2. Throughput and non-admitted occasions of service (OOS) have increased by 59 per cent from 2014-15 to 2015-16 (9,322 OOS to 14,777 OOS).
3. The majority of patients seen in an outpatient clinic will require an endoscopic procedure. In the 2015-16 financial year there were 6,306 referrals received in the GEHU, and in the same period, there were 5,484 additions to the endoscopy waitlist for procedure.
4. Patients are referred for an endoscopy, after seeing a specialist gastroenterologist. By increasing the number of patients seeing a gastroenterologist, the number of patients referred for endoscopy increased.
5. The GEHU does have a wait for procedures due to increased demand. ACT Health acknowledges that this is not ideal, and as such has undertaken substantial work to improve the medical wait list for this type of procedure.
6. Work has commenced to develop processes to better manage the demand and flow of patients within the GEHU, including:
 - a. Undertaking administrative audits of the procedure waitlist;
 - b. increasing activity through weekend endoscopy lists throughout 2016;
 - c. employing locum gastroenterologists to undertake additional procedure lists ;
 - d. improving operational procedures; and
 - e. working with the Southern New South Wales Local Health District to have some procedures undertaken at Queanbeyan District Hospital, in order to reduce the waiting time.
7. From May 2016 to March 2017 this work has seen a decrease in the number of long wait Category 1 patients by approximately 70 per cent.

Background

Patients are referred to the GEHU by their General Practitioner, Specialist or through the National Bowel Cancer Screening Program. The endoscopy waitlist is separate to the outpatient waitlist, which consists of any patient waiting for a clinic (non-procedural) appointment with a specialist and/or registered nurse.

The GEHU medical wait list consists of patients who have been allocated a triage category of 1-3 and booked for an endoscopy procedure, either colonoscopy or gastroscopy. Triage categories are defined as:

- Category 1 – 30 Days
- Category 2 – 90 Days
- Category 3 – 365 Days

A patient waiting out of clinical/triage timeframe is considered a 'long wait' patient.

ACT HEALTH

ASSEMBLY BRIEF

Minister: Health
 Cleared as correct and accurate as at: 31/05/2017
 By DDG/ Executive Director: Elizabeth Chatham
 Telephone: 6244 3603
 Action Officer: Samantha Lang
 Telephone: 6174 7941

ISSUE: Gastroenterology Waiting List Management

Key Talking Points

1. Since 2015, significant strategies, including administrative phone audits and increased staffing resources, was undertaken to reduce the outpatient waitlist in the Gastroenterology and Hepatology Unit (i.e. those patients requiring a consultation with a gastroenterologist) and to manage the demand and flow of patients within the Gastroenterology and Hepatology Unit (GEHU) who require outpatient clinic visits. This project aimed to improve flow, to create efficiencies and to improve utilisation of available resources.
2. As a result of this work throughput and non-admitted occasions of service (OOS) have increased by 59 per cent from 2014-15 to 2015-16 (9,322 OOS to 14,777 OOS)
3. The majority (approx 75 per cent) of patients seen in an outpatient clinic will require an endoscopic procedure. In the 2015-16 financial year there were 6,306 referrals received in the GEHU, and in the same period, there were 5,484 additions to the endoscopy waitlist for procedure. This equates to a 87 per cent increase in additions to the endoscopy waitlist year on year.
4. As a result of the increased demand, the GEHU continues to have a waitlist for procedures. Newly referred Category 1 and 2 patients are now seen within their recommended clinical timeframe. Category 3 and backlog Category 1 and 2 patients (number of patient unvalidated at this time) still remain outside the recommended time.
5. ACT Health acknowledges that this is not ideal, and as such is undertaking further work to improve the medical wait list for this type of procedure, including:
 - a. Continuing the administrative audits of the procedure waitlist, which involves ringing each patient on the waiting list enquiring if their procedure is still required, or if they no longer need it or have received treatment elsewhere;
 - b. working with the Southern New South Wales Local Health District to have some procedures undertaken at Queanbeyan District Hospital, in order to reduce the waiting time. From September 2016 there have been over 330 patients transferred to Queanbeyan District Hospital for their procedure.
 - c. Is reviewing an external tender process is currently underway for outsourcing endoscopy procedures to the private sector
 - d. Improving the capacity of the current service by reviewing the way the lists are booked, staff are rostered and the procedure rooms are utilised.
6. Efforts to date have seen great improvements in the wait times for newly referred Category 1 and 2 patients. The Category 1 and 2 patient backlog and Category 3 patients continue to experience waits outside the recommended clinical timeframes.

7. Referral to this service is expected to increase in the future as the uptake of the National Bowel Cancer Screening program increase and Commonwealth recommendations of increased bowel screening for the population is introduced.

Background

Patients are referred to the GEHU by their General Practitioner, Specialist or through the National Bowel Cancer Screening Program. The endoscopy waitlist is separate to the outpatient waitlist, which consists of any patient waiting for a clinic (non-procedural) appointment with a specialist and/or registered nurse.

The GEHU medical wait list consists of patients who have been allocated a triage Category of 1-3 and booked for an endoscopy procedure, either colonoscopy or gastroscopy. Triage categories are defined as:

- Category 1 – 30 Days
- Category 2 – 90 Days
- Category 3 – 365 Days

A patient waiting longer than clinically appropriate time is considered a 'long wait' patient.

ACT Health is developing a brief for the Health Minister on the strategies required to address the Category 1 and 2 backlog, Category 3 patients and expected growth in future demand, which will also determine what our maximum volume is for clearing procedures versus the total number projected to required scope by category.

ACT HEALTH

ASSEMBLY BRIEF

Minister: Health and Wellbeing
 Cleared as correct and accurate as at: 18/072017
 By DDG/ Executive Director: Elizabeth Chatham
 Telephone: 6244 3603
 Action Officer: Samantha Lang
 Telephone: 6174 7941

ISSUE: Gastroenterology Waiting List Management

Key Talking Points

- Approximately 75 per cent of patients seen in the Gastroenterology and Hepatology Unit (GEHU) will require an endoscopic procedure. In the 2015-16 financial year there were 6,306 referrals received in the GEHU, and in the same period, there were 5,484 additions to the endoscopy waitlist, equating to an 87 per cent increase in additions to the endoscopy waitlist, year on year.
 - As a result of the increased demand, the GEHU continues to have a waitlist for procedures. Newly referred Category 1 and 2 patients are now seen within their recommended clinical timeframe. Category 3 and backlog Category 1 and 2 patients (unvalidated patients) are still currently seen outside the recommended triage time.
 - ACT Health is undertaking further work to improve the medical wait list for this type of procedure. Efforts to date have seen great improvements in the wait times for newly referred Category 1 and 2 patients. The Category 1 and 2 patient backlog and Category 3 patients continue to experience wait times outside the recommended clinical timeframes.
 - Referral to this service is expected to increase in the future as the uptake of the National Bowel Cancer Screening program increases, and Commonwealth recommendations of increased bowel screening for the population are introduced.
 - The ACT had the third highest participation rate of the National Bowel Cancer Screening program in Australia at 41.8 per cent, behind Tasmania (44.3 per cent) and South Australia (45.8 per cent) and higher than the national average (38.9 per cent).
 - The ACT had the second highest median time between positive screen and diagnostic assessment of people aged 50-74 in Australia at 64 days, behind South Australia at 65 days. National median time between positive screen and diagnostic assessment is 53 days.
-

Background

Patients are referred to the GEHU by their General Practitioner, Specialist, or through the National Bowel Cancer Screening Program. The endoscopy waitlist is separate to the outpatient waitlist, which consists of any patient waiting for a clinic (non-procedural) appointment with a specialist and/or registered nurse.

Since 2015, significant strategies, including administrative phone audits and increased staffing resources, have been undertaken to reduce the outpatient waitlist for patients requiring a consultation with a gastroenterologist in the Gastroenterology and Hepatology Unit (GEHU). These strategies have also been employed to manage the demand and flow of patients within the GEHU who require outpatient clinic visits. These strategies are part of a project aimed at creating efficiencies and improving utilisation of available resources.

As a result of this throughput non-admitted occasions of service (OOS) have increased by 59 per cent from 2014-15 to 2015-16 (9,322 OOS to 14,777 OOS)

The GEHU medical wait list consists of patients who have been allocated a triage Category of 1-3 and booked for an endoscopy procedure, either a colonoscopy or a gastroscopy. Triage categories are defined as:

- Category 1 – 30 Days
- Category 2 – 90 Days
- Category 3 – 365 Days

A patient waiting longer than the clinically appropriate time is considered a 'long wait' patient.

Strategies undertaken to improve waiting times include:

- Continuing administrative audits of the procedure waitlist, which involves ringing each patient on the waiting list to confirm if their procedure is still required, or they have received treatment elsewhere, or if they no longer require the procedure.
- Working with the Southern New South Wales Local Health District to have some procedures undertaken at Queanbeyan District Hospital. From September 2016 there have been over 350 patients transferred to Queanbeyan District Hospital for their procedure.
- Reviewing an external tender process that is currently underway for outsourcing endoscopy procedures to the private sector.
- Improving the capacity of the current service by reviewing the way patient lists are booked, staff are rostered, and procedure rooms are utilised.
- Reviewing demand across the territory, including expected growth in future demand, to determine the volume of work required for clearing long wait patients, as well as to sustain the service over the longer term.

ACT HEALTH

ASSEMBLY BRIEF

Minister: Health and Wellbeing
 Cleared as correct and accurate as at: 28/08/2017
 By DDG/ Executive Director: Elizabeth Chatham
 Telephone: 6244 3603
 Action Officer: Samantha Lang
 Telephone: 6174 7941

ISSUE: Gastroenterology Waiting List Management

Key Talking Points

- Approximately 75 per cent of patients seen in the Gastroenterology and Hepatology Unit (GEHU) will require an endoscopy. In the 2015-16 financial year there were 6,306 referrals received in the GEHU, and in the same period, there were 5,484 additions to the endoscopy waitlist, equating to an 87 per cent increase in additions to the endoscopy waitlist, year on year.
 - In order to manage demand and meet clinical guidelines, the GEHU has a waitlist for endoscopy. At the end of August 2017, the average wait time across all ACT Public Hospitals (inclusive of Canberra Hospital and Calvary Public Hospital Bruce) for urgent colonoscopies is 72 days and for non-urgent colonoscopies is 365 days.
 - ACT Health is undertaking significant work to improve waiting times for endoscopic procedures, including:
 - Working with the Southern New South Wales Local Health District to have some procedures undertaken at Queanbeyan District Hospital.
 - Considering options for outsourcing endoscopy procedures to the private sector.
 - Improving the capacity of the current service by reviewing the way patient lists are booked, staff are rostered, and procedure rooms are utilised.
 - Referral to this service is expected to increase in the future as the uptake of the National Bowel Cancer Screening program increases, and Commonwealth recommendations of increased bowel screening for the population are introduced.
 - The ACT had the third highest participation rate of the National Bowel Cancer Screening program in Australia at 41.8 per cent, behind Tasmania (44.3 per cent) and South Australia (45.8 per cent) and higher than the national average (38.9 per cent).
 - The ACT had the second highest median time between positive screen and diagnostic assessment of people aged 50-74 in Australia at 64 days, behind South Australia at 65 days. National median time between positive screen and diagnostic assessment is 53 days.
-

Background

An endoscopic procedure means a colonoscopy or a gastroscopy (a scope being inserted through the mouth, to the stomach). Patients on the endoscopic wait list could be waiting for one or both of these procedures.

Patients are referred to the GEHU by their General Practitioner, Specialist, or through the National Bowel Cancer Screening Program. The endoscopy waitlist is separate to the outpatient waitlist, which consists of any patient waiting for a clinic (non-procedural) appointment with a specialist and/or registered nurse.

Patients on the endoscopy wait list are allocated a triage category by a gastroenterologist, dependent on the urgency of their clinical condition. The categories are:

Category 1 – the procedure should be completed within 30 days (urgent)

Category 2 – the procedure should be completed within 90 days

Category 3 – the procedure should be completed within 365 days

Strategies undertaken to improve waiting times include:

- Continuing administrative audits of the procedure waitlist, which involves ringing each patient on the waiting list to confirm if their procedure is still required, or they have received treatment elsewhere, or if they no longer require the procedure.
- Working with the Southern New South Wales Local Health District to have some procedures undertaken at Queanbeyan District Hospital. From September 2016 there have been over 350 patients transferred to Queanbeyan District Hospital for their procedure.
- Reviewing an external tender process that is currently underway for outsourcing endoscopy procedures to the private sector.
- Improving the capacity of the current service by reviewing the way patient lists are booked, staff are rostered, and procedure rooms are utilised.
- Reviewing demand across the territory, including expected growth in future demand, to determine the volume of work required for clearing long wait patients, as well as to sustain the service over the longer term.

ACT HEALTH

ASSEMBLY BRIEF

Minister: Health and Wellbeing

Cleared as correct and accurate as at: 12/10/17

By DDG/ Executive Director: Marina Buchanan-Grey

Telephone: 6244 3603

Action Officer: Sally Cuff

Telephone: 6174 7941

ISSUE: Gastroenterology Waiting List Management

Key Talking Points

- Approximately 75 per cent of patients seen in the Gastroenterology and Hepatology Unit (GEHU) will require an endoscopy. In the 2015-16 financial year there were 6,306 referrals received in the GEHU, and in the same period, there were 5,484 additions to the endoscopy waitlist, equating to an 87 per cent increase in additions to the endoscopy waitlist, year on year.
 - In order to manage demand and meet clinical guidelines, the GEHU has a waitlist for endoscopy. At the end of September 2017, the average wait time for the past 12 months across all ACT Public Hospitals (inclusive of Canberra Hospital and Calvary Public Hospital Bruce) for urgent colonoscopies is 61 days and for non-urgent colonoscopies is 402 days.
 - ACT Health is undertaking significant work to improve waiting times for endoscopic procedures, including:
 - Working with the Southern New South Wales Local Health District to have some procedures undertaken at Queanbeyan District Hospital.
 - Considering options for outsourcing endoscopy procedures to the private sector.
 - Improving the capacity of the current service by reviewing the way patient lists are booked, staff are rostered, and procedure rooms are utilised.
 - Referral to this service is expected to increase in the future as the uptake of the National Bowel Cancer Screening program increases, and Commonwealth recommendations of increased bowel screening for the population are introduced.
 - The ACT had the third highest participation rate of the National Bowel Cancer Screening program in Australia at 41.8 per cent, behind Tasmania (44.3 per cent) and South Australia (45.8 per cent) and higher than the national average (38.9 per cent).
 - The ACT had the second highest median time between positive screen and diagnostic assessment of people aged 50-74 in Australia at 64 days, behind South Australia at 65 days. National median time between positive screen and diagnostic assessment is 53 days.
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Background

An endoscopic procedure means a colonoscopy or a gastroscopy (a scope being inserted through the mouth, to the stomach). Patients on the endoscopic wait list could be waiting for one or both of these procedures.

Patients are referred to the GEHU by their General Practitioner, Specialist, or through the National Bowel Cancer Screening Program. The endoscopy waitlist is separate to the outpatient waitlist, which consists of any patient waiting for a clinic (non-procedural) appointment with a specialist and/or registered nurse.

Patients on the endoscopy wait list are allocated a triage category by a gastroenterologist, dependent on the urgency of their clinical condition. The categories are:

Category 1 – the procedure should be completed within 30 days (urgent)

Category 2 – the procedure should be completed within 90 days

Category 3 – the procedure should be completed within 365 days (non-urgent)

Strategies undertaken to improve waiting times include:

- Continuing administrative audits of the procedure waitlist, which involves ringing each patient on the waiting list to confirm if their procedure is still required, or they have received treatment elsewhere, or if they no longer require the procedure.
- Working with the Southern New South Wales Local Health District to have some procedures undertaken at Queanbeyan District Hospital. From September 2016 there have been over 350 patients transferred to Queanbeyan District Hospital for their procedure.
- Reviewing an external tender process that is currently underway for outsourcing endoscopy procedures to the private sector.
- Improving the capacity of the current service by reviewing the way patient lists are booked, staff are rostered, and procedure rooms are utilised.
- Reviewing demand across the territory, including expected growth in future demand, to determine the volume of work required for clearing long wait patients, as well as to sustain the service over the longer term.

ISSUE: **WORKFORCE SHORTAGES**

Talking points:

- Specialty Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) nationally, internationally and in the ACT continue to face shortages of clinical staff while at the same time growth in services and service demand has increased. In the ACT these workforce challenges are felt most keenly across the acute and community settings, with impact on service delivery.
- In response to the workforce challenges within MHJHADS a divisional workforce committee is overseeing the development of a Workforce Strategy and a number of initiatives have been undertaken including:
 - active recruitment in both mainstream and electronic media as well as professional journals with a direct line contact officer to handle employment enquiries;
 - the development of a successful recruitment campaign for the commissioning of the Dhulwa Mental Health Unit;
 - the continuation of the post graduate mental health nursing scholarship program with the University of Canberra and the provision of adequate levels of clinical support to assist in retention;
 - the creation of a psychology registrar program directed at improving the ability of MHJHADS to recruit psychologists who have full registration as a psychologist and have completed an approved psychology Masters or Doctorate degree in psychology;
 - new Graduate Nursing and Allied Health programs that ensure new graduates receive appropriate levels of support and ongoing training;
 - the promotion and support for clinical supervision for all disciplines; and
 - the adoption of intern psychologist placements with appropriate support and training as well as the use of Attraction and Retention Initiatives (ARIs) to assist retention of senior psychologists.

Cleared as complete and accurate:	06/02/2018	
Cleared by:	Deputy Director-General	Ext:42728
Contact Officer Name:	Bruno Aloisi	Ext:51313
Lead Directorate:	Health	



QUESTION TIME BRIEF

- The specific challenges that are being addressed in the divisional workforce committee are:
 - recruitment of experienced forensic health professionals;
 - attraction of Child Psychiatrists to Canberra, which is also a national workforce issue; and
 - a new initiative seeking the employment of 20 psychologists in ACT schools may have an impact on the retention of psychologist within MHJHADS as they seek to apply for those positions due to more attractive salary and leave provisions.

Key Information

- There is a nation-wide shortage of consultant psychiatrist and this shortage is projected to continue past 2030, including ongoing high reliance on overseas trained doctors. Regional areas are more affected by shortfalls than metropolitan areas.
- The ACT is not alone in experiencing difficulty in attracting senior medical staff into both the public and private sector of mental health care and both sectors have had difficulties in retaining consultant workforce. Public mental health services have been reliant on filling vacancies by use of the Area of Need provisions allowing suitable qualified overseas trained consultants to be employed under particular supervisory and contractual arrangements.
- Currently there are 27 FTE consultant psychiatrists employed by ACT Health. Accurate figures for the FTE of consultant psychiatrists working in private practice are difficult to obtain. A letter from the Australian Salaried Medical Officer Federation (ASMOF) in August 2017 estimated that there may be as few as 6 FTE consultants working in private practice. This represents a ratio of 8.25 consultant psychiatrists per 100,00 population. This is well below the national average of 13.1 per 100,000 in 2013.

Cleared as complete and accurate:	06/02/2018	
Cleared by:	Deputy Director-General	Ext:42728
Contact Officer Name:	Bruno Aloisi	Ext:51313
Lead Directorate:	Health	



QUESTION TIME BRIEF

- ACT Health is working hard to encourage clinicians to make the ACT a location of choice and MHJHADS has been actively recruiting to these vacant medical position, with at least seven recruitment rounds for consultant psychiatrists completed and an eighth currently at the interview stage in the last 18 months. Over this same eighteen month period, MHJHADS has been successful in appointing 12 new psychiatrists, eight of whom have commenced work. A further consultant began work in mid December and three more should be in post between January – April 2018. It is anticipated that up to four further appointments will be made from the upcoming applicant interviews. Appointees from this round should be in post in the 12 month period from February 2018 to 2019.
- One of the steps taken to address the shortage was the establishment of the Medical Workforce Working Group (the Working Group). The Working Group is chaired by the Executive Director, MHJHADS and comprises of representatives from medical staff in MHJHADS, People and Culture (HR/Recruitment) and the Australian Salaried Medical Officers Federation (ASMOF) ACT.
- The Working Group will develop a strategic plan which takes account of recruitment and retention strategies; projected population needs; workforce numbers and sub-specialty skill mix (informed by currently available planning tools); and local factors that are having an impact upon recruitment and retention of psychiatrists within the ACT public mental health system. The Working Group has agreed to consider the Victorian Psychiatric Workforce plan, as a possible framework for an ACT- specific plan.
- In addition to the Working group, the Office of the Chief Psychiatrist is working with a number of recruitment agencies to recruit to locum and permanent staffing positions, with the aim of improving staffing to levels that allow continued safe clinical care and reasonable access to leave for staff.

Cleared as complete and accurate:	06/02/2018	
Cleared by:	Deputy Director-General	Ext:42728
Contact Officer Name:	Bruno Aloisi	Ext:51313
Lead Directorate:	Health	

QUESTION TIME BRIEF

Mental Health

ISSUE: Shortage of psychiatrists - Mental Health, Justice Health and Alcohol and Drug Services

Talking points:

- Specialty Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) nationally, internationally and in the ACT continue to face shortages of clinical staff while at the same time growth in services and service demand has increased. In the ACT these workforce challenges are felt most keenly across the acute and community settings, with impact on service delivery.
- In response to the workforce challenges within MHJHADS a divisional workforce committee oversees the development of a Workforce Strategy.
- The Working Group will develop a strategic plan which will take account of recruitment and retention strategies, projected population needs; workforce numbers and sub-specialty skill mix (informed by currently available planning tools); and local factors that are having an impact upon recruitment and retention of psychiatrists within the ACT public mental health system. The Working Group has agreed to consider the Victorian Psychiatric Workforce plan, as a possible framework for an ACT-specific plan.
- A number of initiatives that have been undertaken by the Workforce committee include:
 - active recruitment in both mainstream and electronic media as well as professional journals;
 - commencement of an analysis of workforce shortages in other public mental health services to improve our understanding of the contributing factors in difficulties in recruitment and retention;
 - Development of a proposal for an Attraction and Retention Incentive (ARIn) for newly employed and currently employed senior medical officers to improve the competitiveness against the awards and conditions of other States within Australia. However, current Enterprise Agreement negotiation arrangements need to be considered as to minimise leap 'frogging'; and

Cleared as complete and accurate: 15/02/2018
Cleared by: Deputy Director-General Ext:42728
Contact Officer Name: Bruno Aloisi Ext:51313
Lead Directorate: Health



QUESTION TIME BRIEF

- working with the ACT Division of Psychiatry to update psychiatrists on recruitment efforts and progress with senior and junior medical staff and to expedite practical measures to improve work efficiency such as the purchase of voice activated software for use with the electronic medical record and for correspondence.
- In addition to that Working group, the Office of the Chief Psychiatrist is actively working with a number of recruitment agencies to recruit to locum and permanent staffing positions, with the aim of improving staffing to levels that allow continued safe clinical care and reasonable access to leave for staff.
- ACT Health has also a well-established a Psychiatric Registrars training program for junior doctors to become psychiatrists through the Fellowship of the Royal Australian and New Zealand College (RANZCP) of Psychiatrists.
- RANZCP has developed accreditation standards which cover the main educational, clinical and governance areas for training. Accreditation status is for five years. The Accreditation Committee of the Education Committee monitors compliance with these standards through accreditation visits and the ACT Psychiatry Training Program is accredited until 2019.
- As of 15 February 2018, there are:
 - 28 FTE Consultant Psychiatrists employed permanently within MHJHADS,
 - 34.7 FTE Psychiatric Registrars employed within MHJHADS,
 - 2.2 FTE Career Medical Officers employed within MHJHADS,
 - 2.1 FTE Visiting Medical Officer, contracted for ongoing sessional work, and
 - 5.3 FTE Locum Visiting Medical Officers (VMOs), contracted for a specific period of time.

Four of these Locum VMOs are currently working in the Adult Mental Health Unit (AMHU). These Locums are highly experienced Psychiatrists and have ensured safe and effective care has continued to be provided for inpatients at AMHU.

Cleared as complete and accurate:	15/02/2018	
Cleared by:	Deputy Director-General	Ext:42728
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Lead Directorate:	Health	



QUESTION TIME BRIEF

- These numbers do not include the two FTE General Practitioners working in Justice Health Services or the 3.9 FTE Addiction Specialists in Alcohol and Drug Services.
- The approximate cost per month for four locums is \$175,000 per month, plus additional costs (e.g. accommodation, flights, recruitment agency fees etc) compared to the permanent employment of four staff specialists (Consultant Psychiatrists) which approximately costs \$100,000 per month.

Key Information

- The current recruitment activity across MHJHADS is the following, and we are managing the current services with existing staff and the use of locums:
 - Two senior registrars are also expected to receive their fellowship (Staff Specialist positions in adult general psychiatry) in March 2018 and will commence work in the AMHU.
 - Staff Specialist positions in Older Persons Mental Health Service (two positions) and the candidates are being interviewed in February 2018.
 - Staff Specialist positions in Forensic Mental Health Service – one candidate has been interviewed and deemed suitable, and will be offered an Area of Need (overseas) which can take 12 -18 months. Interview for the second position is occurring in February 2018.
 - Two Child and Adolescent staff specialists were recruited under the Area of Need provisions in 2017 are anticipated to arrive in April 2018 and will work in Child and Adolescent Mental Health Services (CAMHS).
 - Career Medical Officers in psychiatry - 1.2 FTE (two people), the first commenced on 15 February 2018, providing psychiatry services in the Emergency Department and the second will commence on 19 February 2018 and will be working in CAMHS.
 - A new Clinical Director for Primary Health, Justice Health Services will commence on 19 March 2018, replacing the existing position holder.
 - A new Staff Specialist in Addiction medicine – the recruitment process to commence within February 2018.
 - A Staff Specialist – Primary Health, Justice Health Services – candidates are being interviewed in February 2018.
 - Clinical Director for the Aboriginal Health – candidates are being interviewed in February 2018.
 - Staff Specialist/ Chief Psychiatrists recruitment has been finalised, awaiting commencement date and Cabinet approval.

Cleared as complete and accurate:	15/02/2018	
Cleared by:	Deputy Director-General	Ext:42728
Contact Officer Name:	Bruno Aloisi	Ext:51313
Lead Directorate:	Health	



QUESTION TIME BRIEF

- The Clinical Director for Adult Acute Mental Health Services has resigned, effective as of 5 April 2018. A recruitment process has commenced to fill this vacancy. The Clinical Director is also currently providing clinical services within Adult Mental Health Unit (AMHU), as well as their other managerial responsibilities of this role.
- Within the AMHU there is not an established staffing level for Consultant Psychiatrists. The current medical staff is four FTE Consultant Psychiatrists, four FTE Psychiatric Registrars and three FTE Resident Medical Officers.
- Four FTE Consultant Psychiatrists is aligned with staffing in other jurisdictions for an acute inpatient facility with 37 funded beds.
- Currently four of the positions in the AMHU are filled by locums to ensure continuity of safe care and we are actively recruiting to fill these positions with permanent staff. It should be noted that current locums have indicated they are not interested in converting to staff specialists.
- The workforce of psychiatrists is currently a suppliers market, with a large number of the workforce not seeking full time positions, but instead preferring to work as a Locum Visiting Officer (VMO).

Background – may not be suitable for public disclosure

- ACT Health is working hard to encourage clinicians to make the ACT a location of choice and MHJHADS has been actively recruiting to these vacant medical position.
- There is a nation-wide shortage of psychiatrists of consultant psychiatrist and this shortage is projected to continue past 2030, including ongoing high reliance on overseas trained doctors. Regional areas are more affected by shortfalls than metropolitan's areas.
- The ACT is not alone in experiences difficulty in attracting senior medical staff into both public and private sector of mental health care and both sectors have had difficulties in retaining consultant workforce. The public mental health services has been reliant on filling vacancies by use of the Area of Need provisions allowing suitable qualified overseas trained consultants to be employed under particular supervisory and contractual arrangements.
- All vacant medical positions are advertised through the ACTPS jobs website and other relevant sites, with an appropriate contact person to discuss the position and conditions applicable to the position. Where there are no suitable Australian qualified applicants we are able to use the 'Area of Need' process which allows for overseas applicants to be considered for vacant medical positions.
- The timeframes for recruitment of psychiatrists and specialist mental health professionals can vary depending on where the successful candidate comes from:
 - overseas applicants – can take up to 12-18 months (i.e. to allow for employment notice period, registration, medical credentialing requirements and international relocation);
 - interstate applicants - three-six months (i.e to allow for employment notice period and relocation); and
 - local applicants - six – eight weeks (i.e to allow for employment notice period).

Cleared as complete and accurate: 15/02/2018
 Cleared by: Deputy Director-General Ext:42728
 Contact Officer Name: Bruno Aloisi Ext:51313
 Lead Directorate: Health

QUESTION TIME BRIEF

Mental Health

ISSUE: WORKFORCE SHORTAGES

Talking points:

- Specialty Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) nationally, internationally and in the ACT continue to face shortages of clinical staff while at the same time growth in services and service demand has increased.
- In the ACT these workforce challenges are felt most keenly across the acute and community settings, with impact on service delivery.
- In response to the workforce challenges within MHJHADS a divisional workforce committee is overseeing the development of a Workforce Strategy. A number of initiatives have been undertaken including:
 - active recruitment in both mainstream and electronic media as well as professional journals with a direct line contact officer to handle employment enquiries;
 - the development of a successful recruitment campaign for the commissioning of the rehabilitation beds in Dhulwa Mental Health Unit;
 - the continuation of the post graduate mental health nursing scholarship program with the University of Canberra and the provision of adequate levels of clinical support to assist in retention;
 - the creation of a psychology registrar program directed at improving the ability of MHJHADS to recruit psychologists who have full registration as a psychologist and have completed an approved psychology Masters or Doctorate degree in psychology;
 - new Graduate Nursing and Allied Health programs that ensure new graduates receive appropriate levels of support and ongoing training;
 - the promotion and support for clinical supervision for all disciplines; and
 - the adoption of intern psychologist placements with appropriate support and training as well as the use of Attraction and Retention Initiatives (ARIs) to assist retention of senior psychologists.

Cleared as complete and accurate: 02/03/2018
Cleared by: Deputy Director-General Ext:42728
Contact Officer Name: Bruno Aloisi Ext:51313
Lead Directorate: Health



QUESTION TIME BRIEF

- Candidates for a consultant position in Primary Health, Justice Health Services are being interviewed in March 2018.
- Candidates for the Clinical Director for the Aboriginal Health position are being interviewed in March 2018.
- Recruitment of the Chief Psychiatrist has been finalised. The person will commence in August 2018 pending Cabinet approval.
- All vacant medical positions are advertised through the ACTPS jobs website and other relevant sites. Where there are no suitable Australian qualified applicants the 'Area of Need' allows for overseas applicants to be considered for vacant medical positions.
- The timeframes for recruitment of psychiatrists and specialist mental health professionals can vary depending on where the successful candidate comes from:
 - overseas applicants can take up to 12-18 months to place, allowing for an employment notice period, registration, medical credentialing requirements and international relocation;
 - interstate applicants take three to six months to place, allowing for an employment notice period and relocation; and
 - local applicants take six to eight weeks to place, to allow for an employment notice period.

Cleared as complete and accurate:	02/03/2018	
Cleared by:	Deputy Director-General	Ext:42728
Contact Officer Name:	Bruno Aloisi	Ext:51313
Lead Directorate:	Health	

QUESTION TIME BRIEF

Portfolio/s Health & Wellbeing

ISSUE: GASTROENTEROLOGY WAITING LIST MANAGEMENT

Talking points:

- The Gastroenterology and Hepatology Unit (GEHU) at Canberra Hospital continues to experience high demand. There has been a significant increase in the National Bowel Cancer Screening Program referrals from 160 in 2014 to 260 in 2016. Referrals are expected to increase with the addition of two more age cohorts to the Program in 2017. A proportion of patients, 75%, generally require an endoscopic procedure.
- ACT Health is undertaking significant work to improve waiting times for endoscopic procedures, including:
 - Working with the Southern New South Wales Local Health District to have some procedures undertaken at Queanbeyan District Hospital;
 - Outsourcing endoscopy procedures;
 - Improving the capacity of the current service by reviewing the way patient lists are booked, staff are rostered, and procedure rooms are utilised; and
 - Considering increasing activity through weekend endoscopy lists.

Key Information

- An endoscopic procedure means a colonoscopy or a gastroscopy (a scope being inserted through the mouth to the stomach). Patients on the endoscopic wait list could be waiting for one or both of these procedures.
- In order to manage demand and meet clinical guidelines, the GEHU has a waitlist for endoscopy. At the end of December 2017, the average wait time for the past 12 months across all ACT Public Hospitals (inclusive of Canberra Hospital and Calvary Public Hospital Bruce) for urgent colonoscopies is 76 days and for non-urgent colonoscopies is 413 days.
- Patients on the endoscopy wait list are allocated a triage category by a gastroenterologist, dependent on the urgency of their clinical condition. The categories are:
 - Category 1 – the procedure should be completed within 30 days (urgent);
 - Category 2 – the procedure should be completed within 90 days; and
 - Category 3 – the procedure should be completed within 365 days (non-urgent).

Cleared as complete and accurate: 19/01/2018
Cleared by: Girish Talauikar Executive Director Ext: 6244 3603
Contact Officer Name: Samantha Lang Ext: 6174 7941
Lead Directorate: Health

QUESTION TIME BRIEF

- Patients are referred to the GEHU by their General Practitioner, Specialist, or through the National Bowel Cancer Screening Program. The endoscopy waitlist is separate to the outpatient waitlist, which consists of any patient waiting for a clinic (non-procedural) appointment with a specialist and/or registered nurse.
- Referral to this service is expected to increase in the future as the uptake of the National Bowel Cancer Screening program increases and Commonwealth recommendations of increased bowel screening for the population are introduced.
- The ACT had the third highest participation rate of the National Bowel Cancer Screening program in Australia at 41.8 per cent, behind Tasmania (44.3 per cent) and South Australia (45.8 per cent) and higher than the national average (38.9 per cent).
- The ACT had the second highest median time between positive screen and diagnostic assessment of people aged 50-74 in Australia at 64 days, behind South Australia at 65 days. National median time between positive screen and diagnostic assessment is 53 days.

Background Information – may not be suitable for public disclosure

- In 2017, ACT Health began negotiations with a private provider in the ACT, for the outsourcing of endoscopic procedures, in order to reduce the waiting list. ACT Health is working to finalise arrangements by the end of February 2018.
- The following table shows:
 - the number of patients Ready for Care and
 - the number of Patients waiting longer than clinically recommended time frames on the Gastroenterology Waiting list for the requested time periods.

period	Clinical Urgency	Clinically recommended time frames (days)	Ready for care Patients on Wait list	Patients waiting longer than clinically recommended time frames
30 June 2016	1	30	785	684
	2	90	1535	1108
	3	365	1536	586
31 December 2016	1	30	364	261
	2	90	1843	1613
	3	365	1779	871
30 June 2017	1	30	430	223
	2	90	1614	1340
	3	365	1741	1061

Cleared as complete and accurate: 19/01/2018
 Cleared by: Girish Talauikar Executive Director Ext: 6244 3603
 Contact Officer Name: Samantha Lang Ext: 6174 7941
 Lead Directorate: Health

QUESTION TIME BRIEF

Portfolio/s Health & Wellbeing

ISSUE: GASTROENTEROLOGY WAITING LIST MANAGEMENT

Talking points:

- The Gastroenterology and Hepatology Unit (GEHU) at Canberra Hospital continues to experience high demand. There has been a significant increase, a doubling, in referrals from the National Bowel Cancer Screening Program over the past few years. A proportion of these patients, around 75 per cent, require an endoscopic procedure.
- ACT Health continues its work to improve waiting times for endoscopic procedures, including:
 - Working with the Southern New South Wales Local Health District to have some procedures undertaken at Queanbeyan District Hospital;
 - Outsourcing endoscopy procedures;
 - Improving the capacity of the current service by reviewing the way patient lists are booked, staff are rostered, and procedure rooms are utilised; and
 - Considering increasing activity through weekend endoscopy lists.

Key Information

- An endoscopic procedure means a colonoscopy or a gastroscopy (a scope being inserted through the mouth to the stomach). Patients on the endoscopic wait list could be waiting for one or both of these procedures.
- In order to manage demand and meet clinical guidelines, the GEHU has a waitlist for endoscopy. At the end of December 2017, the average wait time for the past 12 months across all ACT Public Hospitals (inclusive of Canberra Hospital and Calvary Public Hospital Bruce) for urgent colonoscopies is 76 days and for non-urgent colonoscopies is 413 days.
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Cleared as complete and accurate:	06/03/2018	
Cleared by: Girish Talauikar	Executive Director	Ext: 6244 3603
Contact Officer Name:	Samantha Lang	Ext: 6174 7941
Lead Directorate:	Health	



QUESTION TIME BRIEF

- Patients are referred to the GEHU by their General Practitioner, specialist, or through the National Bowel Cancer Screening Program. The endoscopy waitlist is separate to the outpatient waitlist, which consists of any patient waiting for a clinic (non-procedural) appointment with a specialist and/or registered nurse.
- Referrals from the National Bowel Cancer Screening Program increased from 160 in 2014 to 333 in 2017.
- Referrals are expected to further increase as the uptake of the National Bowel Cancer Screening program broadens and Commonwealth recommendations of wider bowel screening in the population are introduced. Two more age cohorts were added to the program in 2017.
- The ACT had the third highest participation rate of the National Bowel Cancer Screening program in Australia at 41.8 per cent, behind Tasmania (44.3 per cent) and South Australia (45.8 per cent) and higher than the national average (38.9 per cent).
- The ACT had the second highest median time between positive screen and diagnostic assessment of people aged 50-74 in Australia at 64 days, behind South Australia at 65 days. National median time between positive screen and diagnostic assessment is 53 days.

Cleared as complete and accurate: 06/03/2018

Cleared by: Girish Talauikar

Executive Director

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Contact Officer Name:

Samantha Lang

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Lead Directorate:

Health

Background Information – may not be suitable for public disclosure

- In 2017, ACT Health began negotiations with a private provider in the ACT for the outsourcing of endoscopic procedures, in order to reduce the waiting list. ACT Health is working to finalise arrangements by the end of March 2018.
- The following table shows:
 - the number of patients Ready for Care and
 - the number of Patients waiting longer than clinically recommended time frames on the Gastroenterology Waiting list for the requested time periods.

period	Clinical Urgency	Clinically recommended time frames (days)	Ready for care Patients on Wait list	Patients waiting longer than clinically recommended time frames
30 June 2016	1	30	785	684
	2	90	1535	1108
	3	365	1536	586
31 December 2016	1	30	364	261
	2	90	1843	1613
	3	365	1779	871
30 June 2017	1	30	430	223
	2	90	1614	1340
	3	365	1741	1061
31 December 2017	1	30	695	506
	2	90	1595	1345
	3	365	1648	1147

Cleared as complete and accurate:
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